

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
 DFAS Accounts Payable (A/P)
 P.O. Box 1643
 Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT	PAPER	VENDOR#

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE	
DFAS	Cole	
CONTACT PERSON NAME	PHONE NUMBER	
Joy Benne	751-7027	

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$320,471.89

CONTRACT # OR PG NUMBER (if applicable)	CS170042001/
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE (Indicate the exact words from coding sheet): ALTERNATIVES TO ABORTION TANF 100% 0199 886 3155 2960 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
October 2018 Payment #46048968600 Contract allows for payment to be made in advance

DFAS USE ONLY - DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

Contract # CS170042001

Vendor Number: [REDACTED]

"ORIGINAL"
Only Invoice Available

Vendor Name: Alliance for Life - Missouri Inc

Vendor Address: 487 SW Ward Rd
Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-04

Invoice Date: 10/15/2018

Service Period: October 1 - October 31, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 537,584.55	\$ 179,194.85

Monthly cash on hand adjustment \$ -

Quarterly expenditure adjustment: \$ 141,277.04

Total Due: \$ 320,471.89

Allocation Remaining \$ 1,292,281.71

Signature: Marsha Middleton

Approved
10-15-18
Jeff Benne

RECEIVED
2018 OCT 15 PM 4:12
DSS/DFAS